(iv) Private sector involvement in the development and operation of port facilities to bring out additional investment and modern techniques for greater efficiency;

(v) Computerisation of port working and partial induction of Electronic Data Interchange; and

(vi) Setting up of Vessel Traffic Management System.

During the Ninth Plan period (1997—2002), additional capacity of 124.40 million tonnes per annum (MTPA) was created in the 12 major ports through upgradation of existing berths, construction of new berths, upgradation and modernization of cargo handling equipment and productivity improvement measures, thus bringing their aggregate capacity as on 31-3-2002 upto 343.95 MTPA. During 2002-03, additional capacity of 18.80 MTPA has been created. As a result, capacity is no longer a constraint in major ports as aggregate capacity is in excess of traffic handled in these ports since 2000-01.

Spread of AIDS

*378. SHRI EKANATH K. THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the number of people infected with HIV in India has increased by over half-a-million in only one year;

(b) whether it is also a fact that most of this increase is in the areas, considered to have low prevalence, indicating that the epidemic is now moving from easily identifiable groups to the general population; and

(c) if so, the efforts Government propose to make to arrest the spread of this disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ) : (a) to (c) National AIDS Control Organisation had estimated the number of HIV infections among the adult population as 3.5 million in 1998, 3.71 million in 1999, 3.86 million in 2000, 3.97 million in 2001, and 4.58 million in the year 2002.

The most recent annual round of HIV sentinel surveillance 2002 indicated mixed trends. The HIV prevalence among attendees at Sexually Transmitted Disease (STD) clinic sites demonstrate a slight increase in

Andhra Pradesh, Tamil Nadu and Gujarat. Through a low prevalence states, no significant change in HIV prevalence rates over the last 5 years has been noted, sentinel site-wise analysis of the data in these States indicates that there are pockets where the HIV prevalence is increasing in STD clinic attendees for example Raxaul, Patna and Gaya in the State of Bihar; Amritsar in Punjab; Varanasi in U.P.; Kolkata in West Bengal; Indore in Madhya Pradesh; Khozikhode in Kerala; and Udaipur, Barmer and Ajmer in Rajasthan. The HIV sentinel surveillance 2002 was conducted in 384 sentinel sites as against 320 sites in the year 2001.

It appears that now the HIV infection in the country is not confined only to high risk groups and to cities, but is also percolating into the rural areas and among the general population.

The Government of India is implementing a comprehensive National AIDS Control Programme throughout the country as a 100% centrally-sponsored scheme through State AIDS Control Societies. The programme has the following components:

* Targeted interventions for high risk populations adopting a multipronged strategy including peer counselling, behaviour change communication, targeted social marketing of condoms for high risk groups, and treatment of Sexually Transmitted Infections (STIs).

* Preventive interventions for the general population through programmes for blood safety, voluntary counselling and testing services, Information Education and Communication (IEC) and awareness building among adolescents.

* Provision of low cost care and support services through community care centres, treatment of opportunistic infections and prevention of occupational exposure.

* Collaborative efforts for a wider inter-sectoral response, through partnerships with diverse Ministries and through public-private partnerships.

Building technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.